

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	10/009083				
CLAIMS											
AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	61					
1		1				62					
2		1				63					
3		1				64					
4		1				65					
5		1				66					
6		1				67					
7		1				68					
8		1				69					
9		1				70					
10		1				71					
11		1				72					
12		1				73					
13		1				74					
14		1				75					
15		1				76					
16		1				77					
17		1				78					
18		1				79					
19		1				80					
20		1				81					
21		1				82					
22		1				83					
23		1				84					
24		1				85					
25		1				86					
26		1				87					
27		1				88					
28		1				89					
29		1				90					
30		1				91					
31		1				92					
32		1				93					
33		1				94					
34		1				95					
35		1				96					
36		1				97					
37		1				98					
38		1				99					
39		1				100					
TOTAL	2	2	2	2	2	TOTAL IND.					
TOTAL DEP.	2	2	2	2	2	TOTAL DEP.					
TOTAL CLAIMS	2	2	2	2	2	TOTAL CLAIMS					
2-120073-782											
MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											
U.S. DEPARTMENT OF COMMERCE											